

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 577081

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
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TOTAL DEP.	←	7	←	7	←	7	←
TOTAL CLAIMS		7		7		7	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
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100							
TOTAL IND.		↓					
TOTAL DEP.	←	7	←	7	←	7	←
TOTAL CLAIMS		7		7		7	